

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016157

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 246Primary Registration District No. 5835Registrar's No. 207

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY Newtonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Shoal Creek Twsp.Length of stay in lb  
Transitc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Shoal Creek at U.S.  
Hiway 71Inside Limits  
Yes ☐ No ☒c. CITY OR TOWN JoplinInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1302 Grand AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
LEON

Middle

Last  
SCHRADER4. DATE  
OF DEATHMonth  
AprilDay  
12,Year  
1962

5. SEX

M

6. COLOR OR RACE

W7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-21-1942

9. AGE (last birthday)

19

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Common laborer10b. KIND OF BUSINESS OR INDUSTRY  
Yard work11. BIRTHPLACE (City and state or country)  
Neosho, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Cecil Schrader

13b. MOTHER'S MAIDEN NAME

Neva Payton

14. NAME OF HUSBAND OR WIFE

Connie Schrader15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT

Address

Mrs. Connie Schrader, 1302 Grand Avenue18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DrowningINTERVAL BETWEEN  
ONSET AND DEATHImmediateConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)subject had waded into river & swam to deep water apparently  
had crampPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
subject had no physical injury20c. TIME OF  
INJURY  
3:00Hour  
3:00  
p.m. 4-12-196220d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
at highway bridge on U.S. 71, 2 Miles South of Joplin, Newton, Mo.

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from did not attend, to her and last saw him alive on 3 PMDeath occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

James L. HaddockCoroner,  
Newton Co., Mo.

22b. ADDRESS

118 W. Main St., Neosho, Mo.

22c. DATE SIGNED

4-14-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

Burial4-16-62

23c. NAME OF CEMETERY OR CREMATORY

Webb City

23d. LOCATION (City, town, or county)

Webb City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

4-16-1962

26. REGISTRAR'S SIGNATURE

Doyle Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/5907.3004992016789929810421107.31291-3132-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phineas E. Arner

Licensed Embalmer No. 4463

P. O. Address Apple Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.